FILED

2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # F9700006718 1. Entity Name THE TPA OF DELAWARE, INC. | | | | | Mar 03, 2000 8:00 am Secretary of State 03-03-2000 90245 008 ***150.00 | | | |
|--|--|--|---|--|--|--------------------|-----------------------------|--|
| Principal Plac | e of Business | Mailing Address | Mailing Address | | | | | |
| 708 E LAKE ST Wayzata MN 55391 US | | 708 E LAKE ST WAYZATA MN 55391-1713 US | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THI | IS SPACE | | |
| City & State | | City & State | | 4. | FEI Number 06-1151127 | | oplied For ot Applicable | |
| Zip Country | | Zip | Country | 5. | Certificate of Status Desired | \$8.75 Add | ditional | |
| | 6. Name and Address of Curren | t Registered Agent | | 7. | Name end Address of New Registere | | | |
| | | | | Name | | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | Zip Code | e | |
| | | | | City FL Zip Code | | | | |
| Tax filing o | Signature, typed or printed name of registered ager pration is eligible to satisfy its Intangib requirement and elects to do so. | ie FILE NOW! | E: Registered Agent signa !!! FEE IS \$150 :00 Fee will be \$ | 00 550.00 | einstating) DATE 10. Election Campaign Financing Trust Fund Contribution. | \$5.0 | 0 May Be | |
| 11. | OFFICERS ANI | | 12. | | L DDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS | 3 IN 11 | |
| TITLE NAME STREET ADDRESS | CEOD SAGAN, WILLIAM E 708 EAST LAKE STREET | ☐ Delete | TITLE NAME STREET ADDRESS | Sagan, | rector/ President William E. st Lake Street | ☐X Change | ☐ Addition | |
| CITY-ST-ZIP TITLE NAME | WAYZATA MN 55391 PS BROOK, ROBERT P | ☐ Delete | CITY-ST-ZIP TITLE NAME | | a, MN 55391 ive Vice Pres./ Robert P. Secre | [X] Change tary | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | 708 EAST LAKE STREET WAYZATA MN 55391 | | STREET ADDRESS CITY-ST-ZIP | 708 Ea Wayzat | st Lake Street a, MN 55391 | | . □ AddW- | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2000 MAILE AND OCCUPANT AND | | | Vice President Addition Thompson, Andrew 2500 Maitland Center Pkwy, Suite 100 Maitland, FL 32751 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Davis, Mark 7878 North 16th Street | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition | |
| TITLE NAME STREET AODRESS | PHOENIX AZ 85020 CAS GRUEHAGEN, JON 708 E LAKE ST | ☐ Delete | TITLE NAME STREET ADDRESS | Jon Gr | ssistant Secretary uenhagen ummit Drive, Suite 36 | Change | Addition | |
| CITY-ST-ZIP | WAYZATA MN 55391 | Delete | CITY-ST-ZIP | | yn Center, MN 55430 | Change | Addition | |
| NAME | | ☐ Delete | NAME | | | Ondings | | |

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

CFO & Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

^{13.} I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.